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1. Single 2. Married Cost of group term life insurance included in box 2	1 -
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Type or print EMPLOYEE'S name, address and ZIP code above. Form W—2	epartment of the Treasury—Internal Revenue S

Type or print EMPLOYER'S Federal identifying number, name, address and ZIP code above. Revenue Service Center SOCIAL SECURITY INFORMATION STATE OR LOCAL INCOME TAX INFORMATION **FEDERAL INCOME TAX INFORMATION** FICA employee tax withheld Name Total FICA Wages Tax withheld 6 8 2 income tax withheld compensation wages Uncollected employee FICA tax on tips Name Wages EMPLOYEE'S social security number ► Tax withheld 9 10 11 5 OTHER INFORMATION (SEE CIRCULAR E) STATUS Excludable sick pay included in box 2 1. Single 2. Married Cost of group term life insurance included in box 2 If this is a corrected form, put an "X" to the right of the number in the upper left corner Type or print EMPLOYEE'S name, address and ZIP code above. Department of the Treasury-Internal Revenue Service

Form W-2

Wage and Tax Statement 1973 Copy A For Internal Employer's State identifying number Revenue Service Center Type or print EMPLOYER'S Federal identifying number, name, address and ZIP code above. FEDERAL INCOME TAX INFORMATION SOCIAL SECURITY INFORMATION STATE OR LOCAL INCOME TAX INFORMATION FICA employee tax withheld Total FICA wages Name Wages, tips and other compensation Wages Federat Tax withheld 2 3 8 4 income tax withheld Uncollected employee FICA tax on tips Tax withheld Wages paid Name EMPLOYEE'S social security number ► 9 10 11 5 OTHER INFORMATION (SEE CIRCULAR E) **STATUS** Excludable sick pay included in box 2 Cost of group term life insurance included in box 2 Single
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1 Federal income tax withheld 2 Wages, tips and other compensation 3 employee tax withheld 4 FICA wages 6 EMPLOYEE'S social security number ▶ 5 Uncollected employee FICA tax on tips 9 STATUS OTHE 1. Single 2. Married Cost of group ter insurance included	oyer's State identifying numb	Der Copy 1 For State or Local Tax Dept.
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Wage and Tax Statement 1973

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Wage and Tax Statement 1973

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Employer's State identifying number filed with employee's Type or print EMPLOYER'S Federal identifying number, name, address and ZIP code above. FEDERAL tax return SOCIAL SECURITY INFORMATION STATE OR LOCAL INCOME TAX INFORMATION FEDERAL INCOME TAX INFORMATION Wages, tips and other compensation FICA employee tax withheld Name Federal Wages Tax withheld 6 7 8 1 2 3 FICA income tax withheld wages Uncollected employee FICA tax on tips Wages Name EMPLOYEE'S social security number ► Tax withheld 5 9 10 11 OTHER INFORMATION (SEE CIRCULAR E) **STATUS** 1. Single 2. Married Cost of group term life insurance included in box 2 Excludable sick pay included in box 2 An "X" in the upper left corner indicates this is a corrected form. This information is being furnished to the Internal Revenue Service and appropriate State officials. Type or print EMPLOYEE'S name, address and ZIP code above. Form W-2 Department of the Treasury-Internal Revenue Service Wage and Tax Statement Copy B Employer's State identifying number filed with employee's Type or print EMPLOYER'S Federal identifying number, name, address and ZIP code above. FEDERAL tax return SOCIAL SECURITY INFORMATION STATE OR LOCAL INCOME TAX INFORMATION FEDERAL INCOME TAX INFORMATION FICA employee tax withheld Federal Wages Name Tax withheld FICA 7 8 6 1 income tax withheld compensation wages Uncollected employee FICA tax on tips EMPLOYEE'S social security number ► Wages Tax withheld 5 9 10 11 OTHER INFORMATION (SEE CIRCULAR E) STATUS Excludable sick pay included in box 2 1. Single 2. Married Cost of group term life insurance included in box 2 An "X" in the upper left corner indicates this is a corrected form. This information is being furnished to the Internal Revenue Service and appropriate State officials. Type or print EMPLOYEE'S name, address and ZIP code above. Department of the Treasury-Internal Revenue Service Form W-2 Wage and Tax Statement Copy B Employer's State identifying number filed with employee's Type or print EMPLOYER'S Federal identifying number, name, address and ZIP code above. FEDERAL tax return FEDERAL INCOME TAX INFORMATION SOCIAL SECURITY INFORMATION STATE OR LOCAL INCOME TAX INFORMATION Name FICA employee tax withheld Federal Wages, tips and other Total FICA Wages Tax withheld 6 8 1 3 4 income tax withheld compensation wages Name EMPLOYEE'S social security number ► Uncollected employee FICA tax on tips Wages Tax withheld 9 10 11 5 OTHER INFORMATION (SEE CIRCULAR E) **STATUS** Excludable sick pay included in box 2 Cost of group term life insurance included in box 2 An "X" in the upper left corner indicates this is a corrected form.

appropriate State officials.

Type or print EMPLOYEE'S name, address and ZIP code above.

This information is being furnished to the Internal Revenue Service and

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Type or print EMPLOYER'S Federal identifying	numb'er, name, address	s and ZIP co	de above.	Empl	oyer's State iden	tifying number	Cop	y C employe	For e's records
FEDERAL INCOME TAX INFORMATION	SOCIAL SECUR	ITY INFORM	IATION		STATE OR LO	OCAL INCO	ME TAX IN	FORMATIO	N
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Form W-2					D	epartment of	the Treasury—	-Internal Re	renue Service

Wage and Tax Statement 1973

Copy C Employer's State identifying number Type or print EMPLOYER'S Federal identifying number, name, address and ZIP code above. employee's records SOCIAL SECURITY INFORMATION STATE OR LOCAL INCOME TAX INFORMATION FEDERAL INCOME TAX INFORMATION Federal income tax withheld Wages, tips and other compensation FICA employee tax withheld Total FICA wages Tax withheld 6 8 1 Uncollected employee FICA tax on tips EMPLOYEE'S social security number ► Name 9 10 11 STATUS OTHER INFORMATION (SEE CIRCULAR E) Excludable sick pay included in box 2 Cost of group term life insurance included in box 2 1. Single 2. Married An "X" in the upper left corner indicates this is a corrected form. This information is being furnished to the Internal Revenue Service and appropriate State officials. Type or print EMPLOYEE'S name, address and ZIP code above.

Form W-2

Department of the Treasury-Internal Revenue Service

Wage and Tax Statement 1973

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NOTICE TO EMPLOYEE:

- Income Tax Wages.—This statement is important. Copy B must be filed with your Federal Income Tax Return for 1973 and Copy 2 must be filed with your State or City Income Tax Return for 1973. If your social security number, name, or address is stated incorrectly, correct the information on copies B and 2 and notify your employer.
- 2. Social Security Wages.—If your wages were subject to social security taxes, but are not shown, your social security wages are the same as wages shown under "FED-ERAL INCOME TAX INFORMATION," but not more than the maximum amount subject to FIGA tax.
- subject to FICA tax.

 3. Credit For FICA Tax.—If more than the maximum of FICA (social security and hospital insurance) employee tax was withheld during 1973 because you received wages from more than one employer, the excess should be claimed as a credit against your Federal income tax. See instructions for your Federal income tax return. The

and 4.85% for old-age, survivors, and disability insurance.

social security (FICA) rate of 5.85% includes 1% for Hospital Insurance Benefits

NOTICE TO EMPLOYEE:

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and 4.85% for old-age, survivors, and disability insurance.

social security (FICA) rate of 5.85% includes 1% for Hospital Insurance Benefits

Wage and Tax Statement Copy 2 Employer's State identifying number with employee's State or City Income Tax Return Type or print EMPLOYER'S Federal identifying number, name, address and ZIP code above. SOCIAL SECURITY INFORMATION STATE OR LOCAL INCOME TAX INFORMATION **FEDERAL INCOME TAX INFORMATION** Name Wages, tips and other FICA Total FICA Tax withheld Federa! 3 6 7 8 2 1 employee tax withheld income tax withheld compensation Uncollected employee FICA tax on tips EMPLOYEE'S social security number ► Name Tax withheld 9 11 5 10 OTHER INFORMATION (SEE CIRCULAR E) STATUS Excludable sick pay included in box 2 Single
 Married Cost of group term life insurance included in box 2 An "X" in the upper left corner indicates this is a corrected form. FOR STATE OR LOCAL USE ONLY Type or print EMPLOYEE'S name, address and ZIP code above. Employee's copy and employer's copy compared .

Wage and Tax Statement Copy 2 To be filed Employer's State identifying number with employee's State or Type or print EMPLOYER'S Federal identifying number, name, address and ZIP code above. **City Income Tax Return** SOCIAL SECURITY INFORMATION STATE OR LOCAL INCOME TAX INFORMATION FEDERAL INCOME TAX INFORMATION FICA Wages Wages, tips and other compensation Federal Total FICA Tax withheld 3 6 7 8 4 1 employee tax withheld income tax withheld Tax withheld Name EMPLOYEE'S social security number ► Uncollected Wages 5 employee FICA tax on tips 9 10 11 OTHER INFORMATION (SEE CIRCULAR E) **STATUS** Excludable sick pay included in box 2 Cost of group term life insurance included in box 2 An "X" in the upper left corner indicates this is a corrected form. FOR STATE OR LOCAL USE ONLY Type or print EMPLOYEE'S name, address and ZIP code above. Employee's copy and employer's copy compared . . .

Wage and Tax Statement Copy 2 To be filed Employer's State identifying number with employee's State or City Income Tax Return Type or print EMPLOYER'S Federal identifying number, name, address and ZIP code above. **FEDERAL INCOME TAX INFORMATION** SOCIAL SECURITY INFORMATION STATE OR LOCAL INCOME TAX INFORMATION FICA employee tax withheld Wages paid Name Federal Wages, tips and other Total FICA 8 3 6 7 withheld income tax withheld compensation wages Uncollected employee FICA tax on tips Wages EMPLOYEE'S social security number ► Tax withheld 9 10 11 5 **STATUS** OTHER INFORMATION (SEE CIRCULAR E) Excludable sick pay included in box 2 1. Single 2. Married Cost of group term life insurance included in box 2 An "X" in the upper left corner indicates this is a corrected form. FOR STATE OR LOCAL USE ONLY Type or print EMPLOYEE'S name, address and ZIP code above. Employee's copy and employer's copy compared .



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Form W-2

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Department of the Treasury-Internal Revenue Service

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